

CT HAI Multidisciplinary Group Meeting Minutes June 17, 2015

Attending HAI advisory members: Ray Andrews, Louise Dembry, Brenda Grant, Jacqueline Murillo, Donna Ortelle representing Wendy Furniss, Allison Hong, Jean Rexford, Jack Ross,

Present via Telephone: Call-in not available

HAI Advisory Members Excused: Dale Cunningham, Lynne Garner, Carl Schiessel

Liaison Members present: Darlene Anderson, Lauren Backman, Kristen Borgognone, Harry Byrne, Tracy Creatore, Kathryn Cusano, Carol Dietz, Mary Emerling, Alessandra Litro, Kerry Little, Robert Majeski, Mag Morelli, Donna Perrone

Agenda Item	Presenter	Discussion	Action Item	Responsible Person(s)	Due Date
Welcome and Call to Order	L. Backman, CT DPH HAI Program	The meeting was called to order at 9:04 am. A motion was made to accept the minutes from the 05/06/2015 meeting. The minutes were accepted, but some names need to be corrected for typing errors.			
New Member Welcome	L. Backman, CT DPH HAI Program	In an effort to expand the HAI Advisory Committee, letters of invitation were sent to several healthcare agencies. New liaison members who attended the meeting included: Robert Majeski, CT Hospice; Mag Morelli, Leading Age; and Kathryn Cusano & Harry Bryne, CT IP group. Several liaison members responded to the invitation to join the committee but were unable to attend.			
ELC Ebola Grant	L. Backman, CT DPH HAI Program	L. Backman provided a slide presentation on the new funding award that DPH HAI program received from the CDC Epidemiology & Laboratory Capacity (ELC) Ebola supplemental funding. The purpose of the funding is to develop and implement a state plan for the Healthcare Infection Control Assessment and Response (ICAR) of CT Healthcare facilities. Elements of the state plan that are required for the grant are as follows:	See action steps below for each plan element.	L. Backman	

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ELC Ebola Grant	L. Backman, CT DPH HAI Program	<ol style="list-style-type: none"> 1. Expand current HAI advisory group. Suggestions from the committee on possible new liaison members included: Aetna (insurance payer), Pro Health, School base Clinics, Urgent Care Centers, Home Health agencies, State Veterinary Assoc., State Dental Assoc., & Hospital Preparedness Coordinators 2. Actively involve State HAI advisory group (e.g., to be a resource, provide guidance, etc.) to assist the DPH HAI program as it develops and implements the state's plan for ICAR. It was discussed that the committee will take an active role in: updating the state plan; interpret findings from IC assessments; and develop mitigation strategies.. 3. Healthcare facility inventory: HAI program reported that they maintain a facility inventory of all CT facilities that report HAI data to NHSN/CMS. The list is updated every year in July and will be updated this July. Once this is completed, an inventory of the other healthcare facilities (nursing homes, urgent care, etc.) will begin. 4. Assess Ebola Readiness of CT Hospitals The current status of 29 CT acute care hospitals (ACHs) was presented. Two ACHs had CDC site visits to assess readiness in November 2014. One ACH remaining for readiness site visit. 26 ACHs determined to be "Frontline" hospitals. CDC is willing to come to CT to assess the one ACH. Slides on what is required of CT by CDC team were presented. They include: Form DPH assessment team, Identify/discuss requirements & capabilities with ACH ahead of visit, obtain pre-visit hospital self-assessment & discuss prep work with CDC. 	<ol style="list-style-type: none"> 1. Letters of invitation will be sent to prospective agencies suggested by the committee 2. Extra HAI committee meetings have been scheduled for 2015 to actively involve committee. Extra meeting dates are: 6/17/15 & 9/16/15. 3. Update current NHSN/CMS reporting facilities, then expand to other facility types. 4. HAI program will contact CDC to request CDC site visit to assess ACH. 	<p>L. Backman</p> <p>L. Backman</p> <p>L. Backman & HAI team</p> <p>L. Backman</p>	<ol style="list-style-type: none"> 1. Completed by 8/1/15 2. Completed for 2015 3. Current facility inventory to be completed in July, then expanded to other types of facilities. 4. July 2015

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ELC Ebola Grant	L. Backman, CT DPH HAI Program	5. Assess Outbreak Reporting & Response The grant objectives related to CT developing an Outbreak Reporting & Response plan were presented to the committee. They include: assess ability of facilities to detect, report & respond, determine gaps in outbreak reporting & outbreak response, develop plan to improve outbreak reporting & outbreak response, and track HAI outbreak response & outcome. The HAI program will begin by assessing facilities ability to detect, report & respond.	4. HAI program will begin assessing Outbreak facility reporting in CT	L. Backman & HAI Team	5. Ongoing
HAI State Plan	D. Dumigan	A state HAI Interim Plan was completed in 2009, but no formal HAI plan was completed after that. The plan will be broken out into a few parts. The plan will focus on Infrastructure Planning for HAI Surveillance, Prevention and Control; Surveillance detection, reporting and response; prevention, and evaluation, oversight and communication. Definitions of the data elements that will be highlighted in the HAI Plain were explained such as the CLABSI rates, SIR, SSI rate, CAUTI rate and other summary HAI data. The Committee will receive a draft copy of the plan once it is completed.	HAI program is in process of updating the 2009 plan. A draft of the 2010 -2014 state plan will be distributed to the committee prior to the 8/5/15 meeting for their review & comments	D. Dumigan	Final with updated ICAR plan due 10/1/15
Review of CT Infection Control Survey	E. Carusillo	The HAI program distributed an IP survey that was modeled after a survey developed by APIC and CDC. The survey was sent to 77 IPs and there were 43 responders (56%) representing twenty-one acute care hospitals. The questions were divided into 3 parts; general information about professional experience as an IP; understanding the complexities and demands of the IP program; and collecting information on facility preparedness for patient care related to Ebola virus disease (EVD) The goal of the survey was to identify, quantify, and prioritize barriers to improve patient care; identify challenges facing ICP programs; provide support and education; and develop mitigation strategies Several question results were shared with the committee members regarding staffing of IP programs, IP education	Data results of 2015 CT IP survey will be sent to CT IPs for their review. A summary report will be presented at 8/5/15 committee meeting.	E. Carusillo	8/5/15

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		and clinical background as well as their perception of preparedness to manage EVD patients. Complete survey results will be sent to the CT IPs before the next committee meeting. A summary report of the results will be presented at the next Advisory Committee Meeting on 8/5/15 meeting.			
Data and Statistics	L. Backman	2012 to 2014 CT NHSN data was presented. The rates for CT CLABSI NSHN for CMS IPPS for each year: 2012 to 2014 were "better than expected" . The rates for CT CAUTI NSHN for CMS IPPS for each year: 2012 to 2014 were "worse than expected" . The 3 models of SSI data were presented. The rates for CT NHSN SSI: COLO (Complex 30-day) for each year: 2012 to 2014 were "worse than expected" . The rates for CT NHSN SSI: HYST COLO (Complex 30-day) for each year: 2012 and 2013 were "worse than expected" , and for 2014 "As Expected". The rates for CT NHSN C diff for 2014 were "worse than expected" . The rates for CT NHSN MRSA Blood for 2013 & 2014 were "better than expected" . In addition, an explanation of the new NHSN Targeted Assessment for Prevention (TAP) Strategy was presented to the committee. The TAP strategy allows for ranking of facilities in order to identify and target areas that need improvement. These reports will be generated for CLABSI, CAUTI and CDI LabID data.	NONE	L. Backman	
Attachments		<ol style="list-style-type: none"> 1. DPH Advisory Committee Meeting: June 17, 2015 (CDC-CT DPH Plan "Healthcare Infection Control Assessment & Response") (PowerPoint) 2. 2010-2014 HAI State Plan and 2015 – 2018 expanded state plan (PowerPoint) 3. 2015 CT IP Survey (PowerPoint) 4. CT NHSN Data & Statistics (PowerPoint) 	NONE		

Ongoing 2015-2016 Initiatives to be Discussed and Finalized 2015-2016

Actual Date of Completion

1. 2010-2014 & updated 2015-2019 CT HAI State Plan
2. 2015 CT Infection Prevention Survey
- 3 Assessing hospitals for Ebola readiness
4. Facility inventory of CT healthcare facilities
5. CT DPH Healthcare Quality & Safety (Regulations & Facility Licensing) State Surveys for IC gaps
6. CT DPH HAI Outbreak Reporting Plan